

## DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury VT 05671-2306  
<http://www.dlp.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

April 28, 2014

Mr. James MacDonald, Administrator  
Second Spring  
118 Clark Road  
Williamstown, VT 05679-9449

Dear Mr. MacDonald:

The Division of Licensing and Protection completed the onsite complaint investigation at your facility on **April 23, 2014**. The purpose of the survey was to determine if your facility was in compliance with Vermont Residential Care Home Regulations. The survey statement is enclosed. This survey found the most serious deficiency in your facility to be a pattern of deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy. You must submit a plan of correction. Please write/type the Plan of Correction in the space provided to the right. A completion date for each plan of correction must be indicated in the far right hand column. Attach additional pages if necessary.

Please sign, date, and indicate your title on the bottom of the first page of the report and return this report to this office no later than **May 11, 2014**.

Plan of Correction (POC)

Your POC must contain the following:

- What action you will take to correct the deficiency;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective actions will be monitored so the deficient practice does not recur.
- The dates corrective action will be completed.

If you disagree with the existence or accuracy of a deficiency, please provide comments in the space provided beneath the deficiency statement.

You may also request an informal review of all or part of the contents of the notice at any time prior to **May 11, 2014** by calling Frances Keeler, RN, MSN, DBA, Assistant Division Director, or Clayton Clark, Division Director at (802) 871-3317. If you are not satisfied with the outcome of the informal review with the Division, you may request a review by the Commissioner of Disabilities, Aging and Independent Living. To request a review with the Commissioner, call (802) 871-3350.

The Department is authorized to impose sanctions for failure to correct a deficiency and/or failure to provide proof of correction by the specified Correction Date. Depending on the nature of the violations, the following sanctions may be imposed: administrative penalties of up to \$10.00 per resident or \$100.00, whichever is greater, for each day the violation remains uncorrected; suspension, revocation or modification of an existing license; refusal to renew a license; suspension of admission or transfer of residents to an alternative placement; injunctive relief to enjoin any act or omission; and the appointment of a receiver for a facility. If you feel strict compliance with the law or regulations would impose a substantial hardship, you may apply to the Department for a variance as stated under Section III of the Residential Care Home Licensing Regulations. You must do so prior to **May 11, 2014**.

#### Appeals

As noted above, you may seek an informal review from Frances Keeler, RN, MSN, DBA, Assistant Division Director, or a Commissioner's review of this decision. In addition, you have a right to request a fair hearing with the Human Services Board. Decisions by the Department of Disabilities, Aging and Independent Living can be appealed to the Human Services Board pursuant to 3 V.S.A. §3091. The request for a fair hearing before the Human Services Board must be made within thirty (30) days of your receipt of the notice of this decision, and can be made by writing to the Human Services Board at 14-16 Baldwin Street, Montpelier, VT 05633-4302. You have a right to appear before the Board and to present witnesses and other evidence with regard to the case. You also have a right to be represented by an attorney at the Human Services Board fair hearing.

Please contact me at 871-3317 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN  
Licensing Chief

PC:jl

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June 26, 2014

Mr. James MacDonald, Administrator  
Second Spring  
118 Clark Road  
Williamstown, VT 05679-9449

Dear Mr. MacDonald:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 23, 2014**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

PC:jl

PRINTED: 05/30/2014  
FORM APPROVED

## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0386	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 04/23/2014
NAME OF PROVIDER OR SUPPLIER  SECOND SPRING		STREET ADDRESS, CITY, STATE, ZIP CODE 118 CLARK ROAD WILLIAMSTOWN, VT 05679		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments:  An onsite complaint investigation was conducted on 4/9/14 and completed on 4/23/14 by the Division of Licensing and Protection. The following regulatory violation was identified:	R100	See Attached	
R181 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions.  This REQUIREMENT is not met as evidenced by: Based on interview and record review the RCH had on staff one individual with criminal convictions and failed to obtain a variance from the Division of Licensing and Protection for 1 of 3 staff. Findings include:  During review of personnel records on 4/9/14 of	R181		

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

8899 8ET911

If continuation sheet 1 of 2

R181 POC accepted 6/19/14 Fmdntosh R/mw

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0386</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/23/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>SECOND SPRING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>118 CLARK ROAD</b> <b>WILLIAMSTOWN, VT 05679</b>		
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R181	Continued From page 1  staff presently employed by the RCH, one of the 3 records reviewed found criminal checks provided by the Vermont Criminal Information Center identified that one employee had positive Conviction Reports. Per interview on the afternoon of 4/9/14, the acting RCH manager confirmed the evidence of positive criminal reports and the failure to request a variance from the Division of Licensing and Protection to retain the employee despite their criminal convictions.	R181		

**Second Spring South Plan of Correction**  
**Complaint Investigation**  
**4-23-14**

Deficiency and Corrective Action	How Monitored	Person Responsible	Completion Date
<p>1. R181, 5.11 Staff Services 5.11.d  Deficiency: "The RCH had on staff one individual with criminal convictions and failed to obtain a variance from the DLP for 1 of 3 staff reviewed."  Corrective Action: RCH will establish written policy and procedures to ensure that all background checks are reviewed and signed off by the Executive Director of the corporation and any variances are obtained from DLP for any new hires identified under the RCH regulations as needing approval by the DLP. The RCH will submit request for variance immediately for the one employee cited and he will not return to work until DLP approves his eligibility to work in the RCH.</p>	<p>1. Operations Officer and HR Director will establish policies and procedures and implement immediately to ensure this requirement is met. Executive Director will sign off on all background checks.</p>	<p>1. Operations Officer, HR Director, CSC Executive Director</p>	<p>1. 7-11-14</p>